

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 476)

SERIAL NO.

APPLICANT

FILING DATE

439838 11/12/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	
1	1							61						
2		1						62						
3		1						63						
4		1						64						
5		1						65						
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8		1						68						
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35		1						95						
36		1						96						
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38		1						98						
39		1						99						
40		1						100						
41		1												
42		1												
43		1												
44		1												
45		1												
46		1												
47		1												
48		1												
49		1												
50		1												
TOTAL NO.	2							TOTAL NO.						
TOTAL OFF.	36							TOTAL OFF.						
TOTAL	38							TOTAL						